



EPI-SODE

EPIDEMIOLOGIC SURVEILLANCE OF COMMUNICABLE DISEASE

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KAREN STEINGART VOLUNTEERS FOR STOP PROGRAM

For three months, Dr. Karen R. Steingart, the Clark County health officer is working to eradicate polio and reduce the number of deaths from measles in the poorest sections of Manila, the Philippines. Dr. Steingart is a member of Stop Transmission of Polio (STOP) a CDC sponsored program. She is taking an unpaid leave from the county to volunteer with the global health program. She learned of the STOP program during a satellite CDC training session. Days later, she heard a radio interview with a STOP veteran. A short time after that, she listened to Dr. William H. Foege, senior medical adviser to the Bill & Melinda Gates Foundation's Global Health Program, speak about "social justice and acting both locally and globally." Dr. Steingart has been assigned to the Philippine Islands where she is currently working on measles surveillance. She will be back to work in early May with great stories of her adventures.

Willa A. Fisher, MD, MPH, retired health officer from Kitsap County, is filling in as Acting Health Officer in Dr. Steingart's absence.

RECOMMENDED CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE – JANUARY-JUNE 2004

Each year, CDC's Advisory Committee on Immunization Practices (ACIP) reviews the recommended childhood and adolescent immunization schedule to ensure that it is current with changes in manufacturers' vaccine formulations and reflects revised recommendations for the use of licensed vaccines, including those newly licensed. The recommended childhood and adolescent immunization schedule for January-June 2004 have been approved by ACIP, the American

Academy of Family Physicians, and the American Academy of Pediatrics.

Copies of the new schedules maybe downloaded from CDC's, January 16, 2004 MMWR. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5301-Immunizational.htm> Changes in the immunization schedules are minimal except for influenza vaccine in children.

Hepatitis B Vaccine

The schedule indicates a change in the recommendation for the minimum age for the last dose in the hepatitis B vaccination schedule. The last dose in the vaccination series should not be administered before age 24 weeks (updating the previous recommendation not to administer the last dose before age 6 months).

Adolescent Tetanus and Diphtheria Toxoids (Td) Vaccine

The range of recommended ages for the adolescent Td vaccine dose has been updated to emphasize a preference for vaccinating at ages 11-12 years with ages 13-18 years to serve as a catch-up interval.

Clarification Regarding Certain Final Doses

Clarification was added to the footnotes regarding the timing of the final vaccine doses in the series for diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine, *Haemophilus influenzae* type b (Hib) conjugate vaccine, and pneumococcal conjugate vaccine (PCV). The final dose in the DTaP series should be given at age ≥ 4 years. The final doses in the Hib and PCV series should be given at age ≥ 12 months.

Influenza Vaccine:

Healthy children aged 6-23 months are encouraged to receive influenza vaccine when feasible during the 2003-2004 influenza season. Children in this age group are at substantially increased risk for influenza-related hospitalizations. **ACIP has indicated further that beginning in fall 2004, children aged 6-23 months will be recommended to receive annual influenza vaccine.** An updated childhood and adolescent immunization schedule for July-December 2004 will be released to reflect this change.

FATAL CLOSTRIDIAL INFECTIONS IN INJECTING DRUG USERS – KING COUNTY

Since January 2004, 3 cases of fatal *Clostridium* infections have occurred among heroin-injecting drug users (IDU) diagnosed with necrotizing fasciitis or myonecrosis in King County. In one case, *C. sordellii* was isolated; the clostridial species for the two other cases is not available at this time. Several clostridial species in addition to *C. perfringens* can cause severe systemic illness associated with wound and soft tissue infections. *C. sordellii* causes a distinctive, toxin-mediated illness characterized by tissue edema, myonecrosis, leukemoid reaction and sudden onset of shock.

Health care providers are requested to have increased vigilance for clostridial infection in cases of soft-tissue infection among IDUs, particularly heroin injectors. Suspected cases of clostridial wound infection should be managed aggressively with surgical debridement and antibiotic treatment. Tissue and blood cultures for clostridial species should be obtained when appropriate.

Health care providers and hospitals are requested to report cases of clostridial myonecrosis and/or necrotizing fasciitis among IDU to health department communicable disease line at 360-397-8408.

SUMMARY OF SELECTED NOTIFIABLE CONDITIONS CLARK AND SKAMANIA COUNTIES, 2004 AND 2003				
CONDITIONS	CLARK COUNTY		SKAMANIA COUNTY	
	Jan. Feb. 2004	Jan. Feb. 2003	Jan. Feb. 2004	Jan. Feb. 2003
Campylobacteriosis	9	8	0	0
<i>Chlamydia trachomatis</i>	111	141	*	0
<i>E. coli</i> O157:H7	*	*	0	0
Giardiasis	*	*	0	0
Gonorrhea	**	17	0	0
<i>Hemophilus influenzae</i>	0	0	0	0
Hepatitis A	*	*	0	0
Hepatitis B, acute	0	*	0	0
Hepatitis B, chronic	7	*	0	0
Hepatitis C (chronic)	19	13	0	0
HIV	*	9	0	0
Latent TB infection +	**	19	0	0
Measles	0	0	0	0
Meningococcal disease	0	*	0	0
Mumps	0	0	0	0
Pertussis	5	13	0	0
Rubella (including congenital)	0	0	0	0
Salmonellosis	*	5	0	0
Shigellosis	*	*	0	0
<i>Streptococcus</i> Group A Invasive	0	*	0	0
Syphilis (primary & secondary)	0	0	0	0
TB active disease	0	*	0	0

* <5 cases

+ Patients followed by the health department

** Numbers pending further review of case reports

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